DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
OLYMPIA, WASHINGTON

To: Pharmacists   **Memorandum No. 01-16 MAA**
              Pharmacy Electronic Billers   **Issued:** June 1, 2001
              Managed Care Plans
              Regional Administrators
              CSO Administrators

From: James C. Wilson, Assistant Secretary   **For Information Call**:
              Medical Assistance Administration   1-800-562-6188

Subject: **Metric Decimal Billing Reminder for Prescription Drug Claims**

> **Effective July 1, 2001,** the Medical Assistance Administration will implement mandatory metric decimal billing for prescription drug claims. Providers were previously notified of this change in Numbered Memorandum 00-73 MAA, dated December 28, 2000.

This change will eliminate the current method of rounding quantities to the nearest whole unit for fractional package sizes and allow accurate reimbursement of drug quantities.

Pharmacies must make any necessary changes to their computer systems to incorporate this change. Please contact your software vendor regarding system changes or questions.

Pharmacies that submit claims through the Point-of-Sale (POS) system via tape or electronic media claim (EMC) format must enter metric decimal quantities in the DD record, field 14, positions 58-65.

Attached are replacement pages J.3-J.4 and K.7-K.10 for MAA's <u>Prescription Drug Program Billing Instructions</u>, dated December 1998.

Drug Quantities

Quantities must be billed using the metric quantity or metric decimal quantity dispensed as appropriate. See Section K – Point-of-Sale, NCPDP payor sheet (pages K.7 and K.9).

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NCPDP Payor Sheet for Washington Medicaid
Version 3.2C

Data Element	Format	Required Status	Description/Valid Values

Optional Header Information Section			
Customer Location	NCPDP	Conditional	Enter "**02**" to indicate an ITA Claim. Enter "**03**" for Nursing Home residents. Enter "**11**" for Hospice patient prescriptions unrelated to the terminal condition.
Eligibility Clarification Code	NCPDP	Conditional	Enter code "**2**" to indicate a claim where that baby is using the parent's ID.
Patient First Name	NCPDP	Optional	
Patient Last Name	NCPDP	Optional	

Required Claim Header Information Section			
Rx Number	NCPDP	Required	
New/Refill Number	NCPDP	Required	
Metric Quantity	NCPDP	Conditional	Enter whole unit quantities only. (**Note:** Do not enter metric decimal quantities here, see Metric Decimal Qty.)
Days Supply	NCPDP	Required	
Compound Code	NCPDP	Conditional	Bill each component of a compounded prescription as a separate claim with its own NDC and quantity. Enter Compound Code "**2**" for each component claim.
NDC Number	NCPDP	Required	
Dispense As Written (DAW) Code/Product Selection Code	NCPDP	Optional	This field is not used at this time.
Ingredient Cost	NCPDP	Required	
Prescriber ID	7 A/N	Required	If known, enter the Medicaid Provider # of the prescriber. If not known, enter as many characters of the last name as possible.
Date Rx Written	NCPDP	Required	
Usual & Customary Charge	NCPDP	Required	

NCPDP Payor Sheet for Washington Medicaid
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Data Element	Format	Required Status	Description/Valid Values
Optional Claim Information Section			
Prior Authorization/ Medical Certification Code & Number	NCPDP	Conditional	If applicable, enter the Prior Authorization number given to you by the PA Unit. Enter Medical Certification Code "**2**" to indicate an MHCP Prescription. Enter "**5**" to indicate a Lost or Stolen Medication. Enter "**8**" to indicate a Take Home Supply of Medications for School or Camp or Suicide Risk/potential abuse.
Level of Service	NCPDP	Optional	This field is not used.
Diagnosis Code	NCPDP	Optional	Enter the ICD-9 diagnosis code, if known.
Unit Dose Indicator	NCPDP	Conditional	Enter "**3**" for in-house unit dosed prescriptions.
Gross Amount Due	NCPDP	Required	Enter the same amount that was entered for ingredient cost before subtracting any other insurance payments.
Other Payor Amount	NCPDP	Conditional	Enter the total amount of the payment(s) received from other payor(s).
Patient Paid Amount	NCPDP	Optional	
Incentive Amount Submitted	NCPDP	Optional	
DUR Conflict Code	NCPDP	Conditional	Enter when resubmitting a claim previously denied for edit 88 (DUR problem). Enter the applicable DUR Conflict Code to which you are responding.
DUR Intervention Code	NCPDP	Conditional	Enter when resubmitting a claim previously denied for edit 88 (DUR problem). Enter the applicable DUR Intervention Code.

Data Element	Format	Required Status	Description/Valid Values
DUR Outcome Code	NCPDP	Conditional	Enter when resubmitting a claim previously denied for edit 88 (DUR alert), edit 79 (refill too soon) due to a dosage change, or edit 70 (client covered by Medicare). Enter the applicable DUR Outcome Code for the corresponding edit 88. Use outcome code 1C for edit 79 **for dosage changes only**. Use outcome code 1B for edit 70 following Medicare denial for a Medicaid-covered drug.
Metric Decimal Qty	NCPDP	Conditional	Enter metric decimal quantities only. (**Note:** Do not enter whole unit quantities here - see Metric Quantity.)
Primary Payor Denial Date	NCPDP	Conditional	If applicable, enter the date in **CCYYMMDD** format that the other carrier denied this claim.

Other Information

- An optional data element means that the user should be prompted for the field but does not have to enter a value. A conditional data element means that certain situations may warrant an entry in order to avoid a claim rejection.
- Duplicate claims will be rejected with an "83" error (indicating claim has been previously paid).
- DUR information, if applicable, will appear in the message text of the response.

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State of Washington
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
PO Box 9245, Olympia, WA 98507-9245

Change Service Requested